

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ventress Correctional Facility
c/o Dr. Reapotie
P.O. Box 767
Clayton, AL 36016

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Ollie Mason 09-11-06

C. Signature

X Ollie Mason

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

2:06CV367-1D

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Ventress Correctional Facility
c/o J.C. Giles
P.O. Box 767
Clayton, AL 36016

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Ollie Mason 09-11-06

C. Signature

X Ollie Mason

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

2:06CV367-1D

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, July 1999

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1. Article Addressed to:

Ventress Correctional Facility
c/o Nurse Burts
P.O. Box 767
Clayton, AL 36016

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Ollie Mason 09-11-06

C. Signature

X Ollie Mason

☐ Agent☐ Addressee

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☐ Yes

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☐ No

2:06CV367-1D

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Domestic Return Receipt

102595-00-M-0952

7005 1820 0002 3461 6272